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Bib Data Sheet

CONFIRMATION NO. 9020

SERIAL NUMBER 09/876,046	FILING DATE 06/07/2001 RULE	CLASS 705	GROUP ART UNIT 3627	ATTORNEY DOCKET NO. AUS920010445US1
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** CONTINUING DATA *****

Ill (None)

** FOREIGN APPLICATIONS *****

Ill (None)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

08/06/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Signature <u>Ill</u> Initials					

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TITLE

Food processing management system

FILING FEE RECEIVED 1310	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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